



Long Term Care Coordinating Council

Regular Meeting
March 14, 8, 2012
10:00 am

RIDOT Training Center Conference Room
(RIDOT Maintenance Headquarters)
360 Lincoln Avenue
Warwick, RI 02888

Minutes

Susan Saccoccia Olson	Karen Amado
Joan Kwiatkowski	Deanna Casey
Rebecca Martish	Roberta Merkle
Ellen Mauro	Ken Pariscan
Mike Menard	Cynthia Conant-Arp
Marie Stoeckel	Cathy Cranston
Jim Nyberg	Kathleen Heren
Fil Eden	Bonnie Sekeres
Thomas Marcello	Dawn Wardyga
Maria Barros	Maureen Maigret
Catherine Taylor	Lisa Pontarelli
Mary Lou Moran	Holly Garvey
Donna McGowan	Bonnie Larson

1. Call to Order
 - a. The Chair called the meeting to order at 10:12 am.
2. Approval of Minutes
 - a. The minutes for the February 8, 2012 meeting were approved unanimously.

3. Announcement

- a. We will use this room again next month but will hopefully be in the room next door because it has a more suitable set up for our needs.
- b. We are hoping Ray Russin will arrive, so in the meantime we will discuss the meeting with Secretary of State Ralph Mollis.

4. Update on Meeting with Secretary of State Mollis:

- a. Secretary Mollis reported that they are open to suggestions about places to go to sign up for Voter ID's. They're doing a number of locations before April 24th and then after the primary they will kick off a new effort. They've signed up about 50 people so far, however those who did sign up were not all seniors.
- b. Someone from Pawtucket Senior Center stated that before they came they said they'd done about 20 Voter ID's and they did about 20 ID's at her center.
- c. The question of how to make sure caregivers are aware of the requirement was a key discussion point.
- d. This year, the requirements are less stringent, however, in 2014 it will be more strict and certain forms of ID will not work by 2014.
- e. There was stated confusion around the 3 different state-issued ID's – state issued non-drivers license, the RIPTA bus pass, RIPAE cards from years ago, and the Voter ID.
- f. Secretary Mollis mentioned that he was unable to push the other two because there is a cost associated with obtaining them. They can use those ID's but the SOS cannot rely on them. This causes some confusion.
- g. Someone from the Pawtucket Senior Center stated that the Voter IDs have a photo and a name along with the day and month. There is a picture example on the flyer in the back.
- h. The presidential primary is a low turn out primary so there is less of a challenge, but this will give us a little more time to catch other people. Additionally, those without a voter ID will vote with a provisional ballot.
- i. The concern was raised about home-bound people who are not in senior housing, such as Meals on Wheels.
- j. Rob Rock, the staff member implementing the program at the SOS is very capable. To the extent people have comments or suggestions, please let us know and we can share those with the SOS.
- k. They have 2 mobile units and one at the SOS's West River St. location. Anyone can go during the work day to this location to get an ID. They are not going out at other times of day – just during the work day. The mobile ID is different than the type you get at the registry. The registry version is an id you can use at the bank and for other photo id purposes. The voter id can only be used for voting.
- l. Dawn Wardyga asked the question if anything was aimed at those with disabilities? The Chair responded that they have worked with the DD population on other initiatives. The implication is that they're working on

a process, but we should clarify that on the association's end to make sure. There may be additional concerns the association raises.

- m. Catherine Taylor stated that she had been working with DMV to help facilitate getting seniors to the DMV for an id. We had held off on that as we learned more, and we need to make sure we help clear up any confusion.
- n. The Chair continued that the SOS is responsible up until election day – after that, the Board of Elections is responsible. This is one issue still being worked on – will there be education at the poll locations? Training poll workers? We would like to set up a meeting with Bob Kando.
- o. Deanna Casey stated that we'll also be working with caregivers sometime after the primary in a type of outreach effort.
- p. It was cleared up that someone does not need a voter ID for a mail ballot.
- q. Chair – I really worry about seniors being disenfranchised because they don't know the process. I'm hoping there will be an effort to have that be a responsive place (the polling place) when people come in to vote. Or they'll not come back after the experience. I don't like anything that moves people into different categories. We need to keep people walking to the polls, voting as they used to. Glad there is a primary to be a good first go.
- r. Maureen Maigret asked if any of the court action would affect this? The Chair responded that our law, as compared to some of the ones the federal government has acted against, has additional provisions the other states did not account for. It is more permissive. Please share thoughts any on this.
- s. The Chair then announced that we've learned Ray Rusin will not be coming, but that in the near future, it would be helpful to meet with the Director and Ray on this issue – how we deal with chronically underperforming nursing homes. We will move on to the next agenda item.

5. Discussion of Rhode Island Nursing Home Deficiencies:

- a. Kathy Heren stated that her staff has been splitting the time with Ray Rusin's, but are still waiting to hear what's going to happen. The newspaper gets everyone going, but no one down there is in danger. There are no new admissions. She mentioned that her staff is ready to go, no matter what. Everybody's fine there.
- b. John Young stated that they're subject to a licensure hearing, there's a show cause hearing next week. A notice was sent by CMS regarding their Medicare status – this triggers other aspects of the statute, including an action by Medicaid to suspend payments. This goes back to the 2008 statute we passed. Obviously this is a facility that has struggled over a long period of time. This is their fourth. Expect the facility to come in and represent where they see this going, but it would have to be fairly compelling as we're on track to take away their licensure.

- c. The Chair then recognized Maureen Maigret , given her expertise as they worked on this law together, but for those who are high performing, there doesn't need to be the same pattern -- they can do with fewer inspections and those who are low performing could have some other process level. This is a home experiencing its fourth closure.
- d. John Young stated that this is a yo-yo compliance issue, which is why CMS is taking this action. Its amusing that their sister facility has not exhibited the same problems – Greenwood. They don't have any of this evidence. They've had as many as 10 administrators over the past 4-5 years. Every time they have an issue they present a correction plan and then end up in noncompliance again. This time, the onus is on them to be extraordinarily convincing that there's a reason to continue.
- e. The Chair asked how many times we let them "be convincing"?
- f. John Young added that the state has the ability to appoint a Special Master. We never found that to be practicable because there aren't that many folks with the ability to turn a facility like this around. We can also pursue receivership. The two homes are under the same corporation and are separately licensed. We'll hear where Sun Bridge Health is on this and where they'd like to go. Having looked at the issues, these are fairly significant complaints so the Department is taking it very seriously and will go through the process by the numbers.
- g. Maureen Maigret stated that they have the ability to appoint a special master, its not called that, but there's the authority to have an outside entity to look at quality and education. This had been done in the past.
- h. John Young stated that the areas of non-compliance are very broad at this facility: medication management, citations, etc. that don't speak well to the management of the facility.
- i. Maureen Maigret stated that CMS sent a letter of revocation.
- j. John Young added that they can appeal it.
- k. Kathy Heren stated that the last time, CMS would not allow it to close. They had a doctor come in and speak about improvement. They're on a 6-month watch list. They're also on a CMS "worst nursing homes" list. There's only one other New England home on that list which is from MA. They have their own people they send in, they're not necessarily familiar with Rhode Island. There are residents rights issues, dignity issues, etc. CMS didn't seem to give them an option for improvement – there's an appeal on process option, that's it.
- l. Dawn Wardyga asked a question in regards to the number of beds.
- m. Kathy Heren answered that there are 106. Dawn asked whether there had been thought as to what the "plan B" is? What happens to these residents?
- n. Kathy Heren – The Ombudsman would place them. We have capacity to place them too. They may go to a different level of care.
- o. Ellen Mauro – We'll expedite depending on level of care.
- p. Kathy Heren – some families will take their loved ones home. We're the back up plan.

- q. Virginia Burke – Someone said that if they close the one facility in RI, they'll close the other. We have enough beds.
 - r. John Young – the other one has more beds. There's no reason on the state side that if one facility closes, the other has to follow. The owner may seek to sell the other one. If they both go into receivership, that might not be the path – it's more complicated.
 - s. The Chair – I'm guessing that by our next meeting, there will be something significant that happened in this arena. We also wanted to ask Jim and Virginia to clarify, unrelated to Pawtuxet Village, the ways that information and statistics are counted and the process works around RI deficiencies. With that, I'll turn it over to them.
6. Jim Nyberg – Director of LeadingAge RI:
- a. The survey process is important to track compliance. Its not necessarily indicative of the quality of care – a high quality home can have one negative event that triggers a number of deficiencies that leaves a lasting mark on the home. If a building is 100 years old with small rooms, that may trigger a deficiency, but the home may be the best performing home in the state. Given how they can add up, the fact that the report said about 59% of homes, as reported had deficiencies, is not terribly bad. Comparatively, this is the highest in New England. We know Ray isn't taking it easy on us either. There are other criteria, such as substandard quality of care, that are more in the 2-3% of homes.
 - b. CMS had to issue a clarifying notice to surveyors that grown food in a community nursing home garden is okay to eat.
 - i. Virginia Burke – provided you follow the process for getting them from the garden to the table.
 - c. Jim Nyberg continued: Jim Taraconi has given these issues some attention. The surveys show RI exceeding the national sverage as far as residents, family and staff satisfaction. This is another important data source. We know that better staff leads to fewer deficiencies. Data correlates that. That is why we're working on the reimbursement issue.
 - d. Also, the survey goes in with deficiencies, the home is able to appeal it. They get their say in court, but due to shortage in staffing, those are taking a year or longer to resolve.
 - e. The Survey process has gotten a lot of attention over the last few years. The Institutes of Medicine will be working on the survey process.
 - i. Chair - It strikes me that we have a lot of homes that have raised performance and a survey process that is responsive. We still struggle with substandard quality of care. We need to recognize the high performers and also work to better protect patients in substandard quality of care and work more quickly there.
7. Virginia Burke – President/CEO of RI Health Care Association:
- a. When I was told 59 homes had deficiencies I felt that was good, as it is best in nation. Went to the OIG study – explains the survey process and what a deficiency means. There are 1,000 compliance opportunities. Perfection is rare.

- b. In many cases, what they see are allegations that are appealed and later overturned. A facility was listed for 18 months as putting its residents in jeopardy, but it was appealed and later overturned, but still appears as a deficiency during that time. The facility can appeal, but it still goes on for too long before overturned. 98-96% are below the danger to patient point. We should have zero substandard quality of care homes. Because we only have a small number of homes in our state, one home can tip us over national averages. Deficiency free surveys – most of the 85 facilities reported will be very good on survey. One going one way or the other won't make much of a difference.
- c. The reporters had a different story in mind, but they didn't air this data. The problem is that this frightens the public. It is a scary enough thing to put a loved one in a nursing home, but this makes it sound like you're playing Russian Roulette.
- d. When you look at a certification and survey statement, it tells you one thing. You want to know that a restaurant has passed the safety inspection, but what does the food taste like? You can't pick a home based on the survey criteria – it's more of a culture assessment.
- e. It is also true that from a nursing home perspective that you don't want to be in the highest percentage, because then federal inspectors come in to see if state inspectors are doing enough. That has happened multiple times in RI without anything dramatic.
- f. HIPAA violation issue with posting "extra caution" outside patients rooms.
- g. Kathy Heren – DOH came back, once this had been done for a long time, decided this should not be done and is a violation of patient privacy.
- h. Virginia Burke – the feds told the state they weren't enforcing this rule. This is something that someone facing putting a loved one in a nursing home would panic about.
- i. Bonnie Sekeres – can a nursing home fit in two categories: immediate jeopardy and substandard quality of care?
- j. The answer was that yes, those are duplicates.
- k. So there is no way of knowing if there are two facilities with a problem or more?
- l. Virginia Burke – the two facilities with substandard are the two with IJ citations. You don't know if you're talking about 2 or 4, etc.
- m. Chair – usually it would be higher in substandard than in IJ?
- n. The answer was that one sort of encompasses the other, yes.
- o. Maureen Maigret – the handout, page 3 shows you which are considered substandard quality and IJ is there. It is hard to understand the grid without this. What is isolated versus patient, etc.
- p. Jim Nyberg – the process of identifying the deficiency and where it falls on the scale is hard.
- q. Someone asked what percentage of the citations are overturned?

- r. Virginia Burke responded that the modest ones aren't usually appealed. The serious ones used to be 50%. Ray told her that DOH said to lower than percentage and it went down to 20%.
- s. Chair – I'll play devil's advocate. We've talked about how this process has its flaws. The way this changed a few years ago was to focus on repeat offenders. I don't want to overlook the changes that need to happen given frustrations with the system. Often what is most important isn't measured on the surveys, but there are homes that consistently appear on the deficiencies that aren't improving, so we need to focus on best safety and care for residents and that should be our focus. We outperform other states in so many other ways, and we need to deal with immediate jeopardy and safety issues – share best practices, things that don't have to do with direct regulations, etc. We have an opportunity to learn here.
- t. Holly Garvey added that if Ray Rusin were here, the things we're talking about as to predicting nursing homes that will fall into noncompliance, there was something Dr. Gifford was working on...perhaps he can address this next meeting.

Next meeting is April 11 – the Alzheimer's Awareness Day is April 10th so we will share the resolution prior to then. That program will be at the State House from 2-4 pm.